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22893 7590 12/02/2004

SMITH PATENT OFFICE
1901 PENNSYLVANIA AVENUE N W
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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/874,045	06/06/2001	Yasushi Usami	0052/056001	7617

TITLE OF INVENTION: IMAGE PRINTING APPARATUS AND METHOD, COMPUTER-READABLE STORAGE MEDIUM STORING PROGRAM FOR PRINTING IMAGES, IMAGE MANAGEMENT SYSTEM, AND DATA MANAGEMENT DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370	\$300	\$1670	03/02/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
EVANS, ARTHUR G	2622	358-001150

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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Smith Patent Office
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2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

01/26/2005 MBIZUME2 00000131 09874045

(A) NAME OF ASSIGNEE

Noritsu Koki Co., Ltd

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Wakayama, Japan

01 FC:1501

1400.00 DP

02 FC:1504

300.00 DP

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
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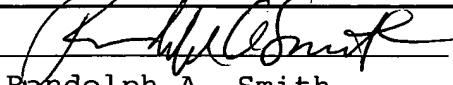
A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____


Randolph A. Smith

Typed or printed name _____

Date _____

1/27/05

32,548

Registration No. _____

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